Illinois Department of Revenue ICT-1 Flootricity Di

City, State, ZIP

ICT-1 Electricity Distribution and Invested Capital Tax Estimated Payment

| <u></u> | mivested Capital | | | CIIC | | |
|-------------------------|---|---|--|--------------------------------------|--------------------|-------------------|
| Pa | art 1: Figure your estimated Investe | ed Capitai la | Column A Balance at beginning o | of year Bala | Colum nce at er | n B nd of year |
| 2 3 4 | Write your total amount of proprietary capital, stockholders total equity for the last calendar year. Write your total of long-term debt for the last calendar year. Add Lines 1 and 2. Write your investments in and advances to all corporation last calendar year. Subtract Line 4 from Line 3. | ar. | 1 | 2 3 | | |
| 7 8 9 10 11 | Add Column A, Line 5, and Column B, Line 5. Multiply Line 6 by 50% (.5). This amount is the average of Write the Illinois apportionment factor shown on your last business income tax return. Multiply Line 7 by Line 8. Multiply Line 9 by .8% (.008). If you are required to complete Worksheet A on the back form, write the amount from Worksheet A, Line g. If not, w Multiply Line 10 by Line 11. Multiply Line 12 by 25% (.25). This amount is your estimated write this amount here and on Line 1 of each of the four line 1. | t year's of this write "1.00." | | 8 9 10 11 12 | _• | |
| 14 15 | Write the amount from Worksheet B, Line i. This is your endetericity Distribution Tax due. Multiply Line 14 by 25% (.25). This is your estimated Electron Write this amount here and on Line 2 of each of the four lines. | city Distribut estimated ctricity Distribution Tax ICT-1 vouchers in this | x payment. | 14 | | |
| | Art 3: Figure your estimated payme Add Lines 13 and 15. This is your total estimated tax pays Write this amount here and on Line 3 of each of the four | ment due. | s packet. | 16 | | |
| ICT- | This form is authorized by the Water Company Invested Capthis information is REQUIRED. Failure to comply may result Detach here and s | pital Tax Act, Gas Revenue Tax It in a penalty. This form has bee send bottom portion wit | en approved by the Forms Mgmt. Ce | ct. Disclosure of enter. IL-492-0387 | £3 | Page 1 of 3 |
| | Illinois Department of Revenue ICT-1 Electricity Distrib. | & Invested | Capital Tax E | stimate | d Pay | /ment |
| IBT | ur estimated tax payment due dates are: March 15, June 15, September 15, and December 15. Thou: Thousand in the service of | 1 Estimat2 Estimat3 Add Lin4 Credit a | liability period: 12/Yea ed Invested Capital Tax ed Electricity Distrib. Tax les 1 and 2. amount (See instructions. e (Subtract Line 4 from Line 3) | \$x \$ \$) \$ | | |
| | eet address | Mail this | s form and your paymer IS DEPARTMENT OF R X 19019 | | | |

Station no: 069 E ___/__/___

SPRINGFIELD IL 62794-9019

Worksheet A

See the ICT-1 Instructions, General Information, "Who must complete Worksheet A?"

| | | Column 1 Balance at beginning of year | Column 2 Balance at end of year | | |
|---|---|--|---------------------------------|--|--|
| а | Write the gross amount of gas plant in service from the annual report sent to the Illinois Commerce Commission for the taxable period. b Add Column 1, Line a, and Column 2, Line a. c Multiply Line b by 50% (.50). d Write the gross amount of gas and electric plant in service from the annu report sent to the Illinois Commerce Commission for the taxable period. e Add Column 1, Line d, and Column 2, Line d. f Multiply Line e by 50% (.50). g Divide Line c by Line f. Write the result here and on Part 1, Line 11. | aa | ab | | |
| | g Divide Line c by Line i. Write the result here and on r art 1, Line 11. | | g | | |
| | orksheet B e the ICT-1 Instructions, General Information, "Who must complete Works | sheet B?" | | | |
| а | Write the total number of kilowatt-hours (kwh) distributed during the last calendar year that were subject to the Electricity Distribution Tax. | | а | | |
| b | For the first 500 million kilowatt-hours distributed, multiply the number of kilowatt-hours by \$.00031. | | b | | |
| | For the next 1 billion kilowatt-hours distributed, multiply the number of kilowatt-hours by \$.0005. | | c | | |
| | For the next 2.5 billion kilowatt-hours distributed, multiply the number of kilowatt-hours by \$.0007. For the next 4 billion kilowatt-hours distributed, multiply the number of | | d | | |
| | kilowatt-hours by \$.0014. For the next 7 billion kilowatt-hours distributed, multiply the number of | | e | | |
| | kilowatt-hours by \$.0018. For the next 3 billion kilowatt-hours distributed, multiply the number of | | f | | |
| h | kilowatt-hours by \$.00142. For the number of kilowatt-hours distributed in excess of 18 billion, multiply | | g | | |
| i | the number of kilowatt-hours by \$.00131. Add Lines b through h. Write the result here and on Part 2, Line 14. | | h i | | |



Illinois Department of Revenue ICT-1 Electricity Distrib. & Invested Capital Tax Estimated Payment

| Your estimated tax payment due dates are: March 15, June 15, September 15, | Return liability period: 12/ | | | | | |
|---|---|--|--|--|--|--|
| and December 15. | 1 Estimated Invested Capital Tax \$ | | | | | |
| IBT no.: | 2 Estimated Electricity Distrib. Tax \$ 3 Add Lines 1 and 2 \$ 4 Credit amount (See instructions.) \$ | | | | | |
| License no.: | 5 Total due (Subtract Line 4 from Line 3. \$ | | | | | |
| Business name | Mail this form and your payment to: | | | | | |
| Street address | ILLINOIS DEPARTMENT OF REVENUE PO BOX 19019 SPRINGFIELD IL 62794-9019 | | | | | |
| ty, State, ZIP | | | | | | |
| ICI-1 (R-10/01) | Station no: 069 | | | | | |
| Detach here a | and send this portion with your payment. | | | | | |
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| Illinois Department of Revenue | | | | | | |
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| IBT no.: | 2 Estimated Electricity Distrib. Tax3 Add Lines 1 and 2.\$ | | | | | |
| | 4 Credit amount (See instructions.) \$ | | | | | |
| License no.: | 5 Total due (Subtract Line 4 from Line 3.) \$ | | | | | |
| Business name | ILLINOIS DEPARTMENT OF REVENUE | | | | | |
| Street address | | | | | | |
| | SPRINGFIELD IL 62794-9019 | | | | | |
| City, State, ZIP | | | | | | |
| | Station no: 069 | | | | | |
| Detach here a | and send this portion with your payment. | | | | | |
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| | ILLINOIS DEPARTMENT OF REVENUE | | | | | |
| Street address | PO BOX 19019 SPRINGFIELD IL 62794-9019 | | | | | |
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| ICT-1 (R-10/01) | Station no: 069 E// | | | | | |